Name in Full

Certificate of Death

5695 Annie Adams

Died at Town: Bay View County: Anne Arundel MARYLAND

Date 189 9 Month: 11 Day: 3 | Age Y. 35 M. D. | Native of md | Occupation Cook

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of Wife

Father's Name

Mother's Name 22 f

Cause of Death: Primary Miliary Tuberculosis. How long sick Indefinite

Immediate Cerebral Hemorrhage Accident, Suicide, Homicide

Reported by Dr. Hollowed M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Native of Md. 35

Balto. 3 yr.

Name in Full #5731 Certificate of Death

Elizabeth A. Adams

Died at Town St Denis County Baltimore MARYLAND

Date 1899 Month November Day 15 Age Y. 62 M. 8 D. 28 Native of Maryland Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of Charles T. Adams

Father's Name Wm Waggner Mother's Name Mary A. Waggner

Cause of Death Primary Acute Nephritis 96 How long sick 8 days -

Immediate Uraemia ~~Accident, Suicide, Homicide~~

Reported by Wm R. Earecksen, MD.

Address Elk Ridge, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full

Certificate of Death

Jessie Allbright

Died at Town Granite County Balto MARYLAND

Date 1899 Month Nov. Day 25 Age Y. 6 M. D. Native of Md. Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Albert Allbright

Mother's Name Laura Allbright

Cause of Death Primary Bronchial Pneumonia 71

Immediate Asma & Exhaustion

How long sick 5 days

~~Accident, Suicide, Homicide~~

Reported by H. Shipley M.D.

Address Granite Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Charles Allen

Died at Town: Second Hospital for the Insane County: Rockville MARYLAND

Date 189 9 Month: 11th Day: 29th

Age Y. 85 M. — D. —

Native of Md

Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 3

Husband of — Wife

Father's Name John Allen

Mother's Neme Not known

Cause of Death: Primary Senility — 141 — How long sick 10 days

Immediate Cardiac failure — ~~Accident, Suicide, Homicide~~

Reported by Dr. L. Clement Clark

Address 2nd Hospital Rockville, Md.

Must be signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79888

Name In Full

Certificate of Death

Mrs. Jas. F. Almony

Died ~~at~~ near New Market (Town) Balto. (County) MARYLAND

Date 1899 Month 11 Day | Age Y. 35 M. D. | Native of | Occupation

~~Male~~ White Married Widow Divorced

Female Colored ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name Vincent Standford

Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Aegis and Intelligencer 11-13

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in ~~Full~~ Certificate of Death

Francis J. Arthur

Died at Town Lochearn County Balto. MARYLAND

Date 189 9 Month 11 Day 23 | Age Y. 24 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Thos. Arthur Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Md. Journal 12.2.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

John Bach

Certificate of Death

Died at Town North Point County Balto MARYLAND

Date 189 9 Month 11 Day 27 | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living

Husband of

Wife

Father's Name

Mother's Name 145 E

Cause of Death { Primary Killed by a runaway | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Md. Journal 12-2

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or ministar.

LIBRARY BUREAU, 79898

Name in Full John Bacon

Certificate of Death

Died at near Town Monkton Villa County Baltimore MARYLAND

Date 1898 Month 11 Day 9 Age Y. 83 M. D. Native of Occupation dairy business

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 6

Husband / Wife of Permelia (Cole)

Father's Name Martin Bacon Mother's Name 57

Cause of Death: Primary Heart Failure & Dropsy — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Democrat Towson

Address 11-12

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Rev. J. Tolly Marsh, M.E. Hereford Circuit
" Mr. Pevington
Wm. C. Brooks. Undertaker.
~~H. Royston Matthews~~

Name In Full

Mrs Henry Bailey

Certificate of Death

Died at Town Golden Rings County Balto MARYLAND

Date 1899 Month Nov Day 28 | Age Y. 55 M. — D. | Native of Germany | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number of children living 3

Husband of Wife Henry Bailey

Father's Name — Mother's Name —

Cause of Death: Primary Heart disease 57 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Colleen Mrs.

Address Rossville Mca —

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Name in Full #5748 Certificate of Death

Caroline Baker

Died at Town Arlington County Baltimore MARYLAND

Date 189 7 Month 11 Day 20 | Age Y. 55 M. — D. | Native of Va | Occupation —

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living 6

Husband of Wife Tony & Baker.

Father's Name Richard Billings Mother's Name Cecilia Billings

Cause of Death { Primary Heart Disease 57 | How long sick

Immediate Heart Disease | Accident, Suicide, Homicide

Reported by J. J. Whitely Justice of the peace

Address Arlington Baltimore County

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Jane R. Bealle

Died at Town: Hollins Ferry Road County: Balto MARYLAND

Date 1899 Month: 11 Day: 29 | Age Y.: 4 M.: D.: | Native of: Md | Occupation: —

~~Male~~ Female | White Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number ~~of children~~ living

Husband / Wife of X

Father's Name: John Bealle

Mother's Name: Louisa Bealle

Cause of Death: Primary: Pneumonia 72 — How long sick: 2 weeks

Immediate: Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by: H. Hall

Address: Mt Winans

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full

Certificate of Death

Joseph Beall

Died at Town: Hollins Ferry Road County: Balto MARYLAND

| Date 189 | Month | Day | Age | Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|---|---|
| 9 | 11 | 29 | | 2 | 4 | | Md | — |

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband / Wife of

Father's Name: John Beall

Mother's Name: Louisa Beall

Cause of Death — Primary: Pneumonia 72 — How long sick: 3 days

Immediate: Exhaustion

Accident, Suicide, Homicide

Reported by: W B Hall

Address: Mt Winans

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79706

Name In Full

Certificate of Death

Catherine L. Bohle

Died at Highlandtown (Town) Balto. (County) - MARYLAND

Date 1899 Month Nov Day 16 | Age Y. 10 M. — D. | Native of Baltimore City | Occupation none

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife —

Father's Name Conrad Bohle | Mother's Name Dorothea Bohle

Cause of Death: Primary Typhoid fever / Immediate Prostration | How long sick 4 weeks | ~~Accident, Suicide, Homicide~~

Reported by Chas L. Buddenbohn M.D.

Address 418 S. Paca St. Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate

ceived from_____

of_____

Name in Full

Certificate of Death

Dorothia Elizabeth Bohle

Died at Town Highlandtown County Baltimore MARYLAND

Date ~~19~~ 1899 Month Nov. Day 12 | Age Y. 24 M. D. | Native of Germany | Occupation Housework

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name

Mother's Maiden Name

Cause of Death

Primary Typhoid fever 1

Immediate Prostration

How long sick 4 weeks

Accident, Suicide, Homicide

Reported by Chas. L. Buddenbohn, M.D.

Address 418 S. Paca St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79008

Name In Full

Certificate of Death

Eugene W Bond

Died at Town Glen Falls County Balto MARYLAND

Date 1899 Month Nov Day 3 Age Y. 19 M. 9 D. 19 Native of Maryland Occupation Farmer

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Wesley W Bond Mother's Name Ida Bond

Cause of Death Primary 1556 How long sick a few mins

Immediate Heart failure Accident, Suicide, Homicide

Reported by S. L. Moores

Address Linkling Carroll Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate was obtained from _____

of _____

Name in Full #5746 Certificate of Death

Mary Grace Bowerman

Died at Town Govanstown County Batto Md MARYLAND

Date 1899 Month 11 Day — 20 Age Y. 53 M. — D. Native of Batto Occupation House Wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of Wm H. Bowerman

Father's Name Mother's Name

Cause of Death Primary Brights Disease 97 How long sick several weeks

Immediate Coma Accident, Suicide, Homicide

Reported by Dr P H Reiche MD

Address Waverly

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full 5734 John Bowers

Certificate of Death

Died at Town Bay View County Hospital MARYLAND

Date 1899 Month 11 Day 18 | Age Y. 68 M. D. | Native of Bavaria | Occupation Baker

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 97

Cause of Death: Primary Myelitis. Chronic Nephritis

Immediate Uraemia.

How long sick

Accident, Suicide, Homicide

Reported by J. W. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Native Bavaria.
in Balto. 64 yr.

Name in Full | Certificate of Death

#5740 Jennie Brooks

Died at Town Hillsville County Balto MARYLAND

Date 1899 Month 11 Day 18 | Age Y. 37 M. D. | Native of Balto | Occupation Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of Richard H Brooks

Father's Name X | Mother's Name Fannie Wallace

Cause of Death: Primary Bronchitis 69 | How long sick 2 mo

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by T B Hall

Address Mt Winans

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79706

Name In Full Edward Brown

Certificate of Death

Died at Town Hullsville County Balto State MARYLAND

Date 1899 Month Nov 11 Day 13th | Age Y. M. D. 13 years | Native of Maryland | Occupation Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ Divorced

~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name Edward Brown

Mother's Name Sarah Bennett

Cause of Death: Primary Consumption 22a

Immediate Pneumonia

How long sick

Accident, Suicide, Homicide

Reported by George W Pennard Jn D.

Address 708 Ensor St Balto Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full #5767

Martha Ann Brown

Certificate of Death

Died at Bay View Hospital, Town, County, MARYLAND

Date 189 9 Month 11 Day 27 | Age Y. 75 M. - D. | Native of Md | Occupation Domestic

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ ~~Single~~ Widow ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name

Mother's Name 97

Cause of Death: Primary Chronic Interstitial Nephritis | How long sick

Immediate Uraemia | Accident, Suicide, Homicide

Reported by Dr. Holland Jr. D

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

In. Balto. 40. yrs.

Name In Full Wm H Brown

Certificate of Death

Died at ~~Town~~ Bitter County Balto MARYLAND

Date 189 9 Month Nov Day 13 | Age Y. 56 M. 10 D. 13 | Native of Maryland | Occupation Day Labor

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 7

Husband ~~Wife~~ of Caroline Brown

Father's Name Thomas Brown Mother's Name Betsy Brown

Cause of Death Primary Consumption 22a How long sick Not known

Immediate Consumption Exhaustion Accident, Suicide, Homicide

OVER

Reported by J. W. White M.D.

OVER

Address Glyndon Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name in Full #5776 Certificate of Death

Hermann Gerhard Bubert

Died at Town Gardenville, County Baltimore, MARYLAND

Date 1899 Month Nov'br. Day 30 | Age Y. 83, M. 10, D. 4 | Native of Germany | Occupation Gardener

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband ~~Wife~~ of Katharine, née Dohnen

Father's Name Hermann H. Bubert Mother's Name Anna Kath., née Rodbert

Cause of Death: Primary 152a Fr. | How long sick 30 [illegible]

Immediate Strangulation Chicken | Accident, ~~Suicide, Homicide~~

Reported by Rev. Karl Buff - Wm. D Corse MD

Address Gardenville, Balt. Ev., Md.

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. W D Corse

of Gardenville Md

Information contained in this certificate received from

of

Name in Full #5686 Certificate of Death

John Buckley

Died at Town Carroll County Baltimore MARYLAND

Date 1899 Month Nov. Day 1st | Age Y. 70 M. y. D. - | Native of Ireland | Occupation Sailor

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 76

Cause of Death { Primary Emphysema

Immediate Exhaustion

How long sick April 15th 1899

~~Accident~~ ~~Suicide~~, ~~Homicide~~

Reported by Henry C. Ohle M.D.

Address Visiting Physician St. Agnes Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Irine B. Cadman

Died at Town: Spanns Point County: Balto. MARYLAND

Date 1899 Month: Nov. Day: 4 | Age Y.: — M.: 7. D.: 17 | Native of: Del. | Occupation: None

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower ~~Number of children living~~

Husbend of Wife

Father's Name: Alfred W. Cadman | Mother's Name: Rebecca J. Bunker

Cause of Death: Primary: Diphtheria & a | How long sick: 21 days

Immediate: Dysentery. | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Frank C. Eldred M.D.

Address: Spanns Point.

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Horace S. Cousins

Died at Town Landover County Pr. Ge.

MARYLAND

Date 1899 Month Nov. Day 24 | Age Y. 59 M. D. | Native of Maine | Occupation Upholsterer

Male White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living Five

Husband of Wife Mary A Cousins ~~[illegible]~~ 152a

Father's Name Don't know | Mother's Name Don't know

Cause of Death: Primary accident (fall from roof of house

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Dr. [illegible] Richardson

Address Hyattsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

...ians is Respectfully Invited to the Remarks below, and to ... Diseases on back of this Certificate.

# Health Department, City of Baltimore,

Permit No. A 5723 Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*...e of Death,* Nov. 12. 99

*Name of Deceased,* {Write legibly with ink and spell correctly. If an infant not named, give names of parents.} Louisa Cornelius

*~~Male or~~ Female,* {Cross out the words not required in this line.}

50 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birthplace* {State or County, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} West Arlington

*Cause of Death,* First (Primary) Hemiplegia

Second (Immediate) Cerebral Softening

*Duration of Last Sickness,* Two Years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Nov 14th 1899

*Undertaker,* John H. Cook

*Place of Business,* W. Balto St.

Chas. G. Hill M.D.,
Medical Attendant.

*Address,* Arlington Md

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**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

Duplicate

The Following Ad[illegible]ormation is Requested in Relation
Enumerated Below.

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS — Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Loc[illegible]on and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and M[illegible] of Death.

TETANUS.—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

*Commissioner of Health and Registrar.*

REMARKS.

Name in Full #5723

# Louisa Counselman

Certificate of Death

Died at Town: West Arlington County: Balto MARYLAND

Date 189 Month: Nov. Day: 12 | Age Y.: 50 M.: D.: | Native of: Balto Md | Occupation: Nurse

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~

Number of children living

Husband of

Wife

Father's Name

Mother's Nsme

Cause of Death: Primary: Hemiplegia 42 — How long sick: two yrs

Immediate: Cerebral Softening — ~~Accident Suicide Homicide~~

Reported by Chas. J. Hill M.D.

Address Arlington Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full #5732 Certificate of Death

Annie Custis

Died at Town Bay View Asylum (Insane Dept.) County Baltimore County MARYLAND

Date 1899 Month Nov. Day 16 8 | Age Y. 78 M. D. | Native of Unknown | Occupation Domestic

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary Epilepsy 47 | How long sick Several days

Immediate Convulsions | Accident, Suicide, Homicide

Reported by R. A. Urquhart

Address Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Nativity – Unknown
in Balt^o 25 Years

Name in Full

Certificate of Death

Town

County

Died at [illegible] MARYLAND

| Month | Day | Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|
| Date 189 | | Age | | | | |

~~Male~~ ~~White~~ Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name 82

Cause of Death — Primary [illegible]

Immediate [illegible]

How long sick

Accident, Suicide, Homicide

Reported by [illegible]

Address [illegible]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full | Certificete of Death

Effie Delmer Dempsey

Died at Town: Phoenix | County: Balto | MARYLAND

Date 189 9 | Month: Nov | Day: 4 | Age Y. 21. M. D. 24 | Native of: Md | Occupation: Spinner Cotton Duck Mill

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name: Franklin W Dempsey | Mother's Name: Martha L Crouse

Cause of Death: Primary: Typhoid fever | How long sick

Immediate: Typhoid toxaemia (General Nervous System) | Accident, Suicide, Homicide

Reported by: Dr B. R. Benson

Address: Cockeysville Balto. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full # 5771

Certificate of Death

Sarah E. Denney -

Died at Town: Mt Hope Retreat County: Balto MARYLAND

Date 1894 Month: 11 Day: 30 | Age Y. 42 M. - D. - | Native of Washington D.C. | Occupation ———

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of ~~children~~ living

Husband of

Wife

Father's Name

Mother's Name 1492 ?

Cause of Death: Primary Self - Strangulation while laboring under a sudden attack of insanity -

Immediate

How long sick

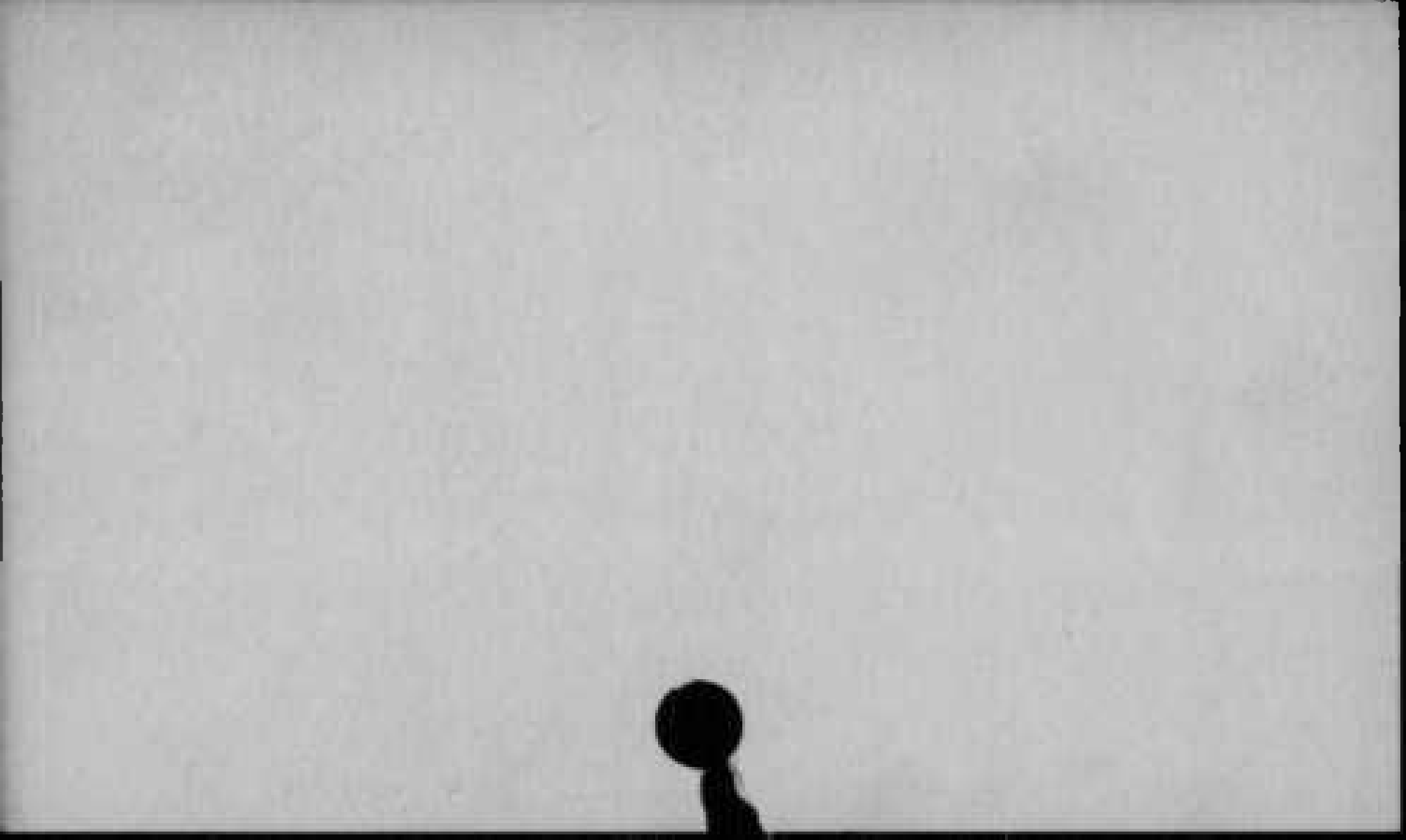
~~Accident~~, Suicide, ~~Homicide~~

Reported by Sam'l B. Mettam Justice of the Peace acting Coroner

Address Arlington

Must be signed by physician, if any in attendance, otherwise ~~by~~ coroner, undertaker or minister.

LIBRARY BUREAU, 78808



Name in Full

Certificate of Death

#5709 John A. M. Doud

Died at Catonsville Town County Balto Co. MARYLAND

Date 1899 Month Nov. Day 7 | Age Y. 68 M. - D. - | Native of Frederick Md | Occupation retired

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living 4

Husband of ~~Wife~~. Mary Jane Doud

Father's Name John Doud

Mother's Name Charlotte Doud

Cause of Death: Primary Senile Dementia 46 How long sick 6 days.

Immediate Exhaustion

~~Accident, Suicide, Homicide~~

Reported by J. Percy Wade M. D.

Address Catonsville Balto Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received from .....

of .....

Name in Full [redacted] #5770 Sallie J. Dunlap

Certificate of Death

Died at Relay Town, Baltimore County, MARYLAND

Date 1899 Month Nov Day 29 | Age Y. 50. M. – D. – | Native of America | Occupation Lady

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single / Widow / ~~Widower~~ | Divorced / Number of children ~~living~~ 96

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary — Acute Nephritis; Immediate — Exhaustion

How long sick

~~Accident, Suicide, Homicide~~

Reported by Dr Robert H Dodge

Address Conrad Sanitarium Relay Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. Robert H. Dodge

of Relay Md

Seen by Coroner None

of

Information contained in this certificate received

from

of

Name In Full #5760 Certificate of Death

Isaac Elliot Baltimore Md

Died at Town Sheppard Enoch Pratt Hosp County Towson MARYLAND

Date 189 Month 9 Nov Day 25 | Age Y. 41 M. - D. - | Native of Md | Occupation Cigar Manufac

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widowed~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name

Mother's Name 45

Cause of Death: Primary Paresis — How long sick 3½ Yrs

Immediate Apoplectiform Convulsion — Accident, Suicide, Homicide

Reported by Edmund N Brink

Address Sheppard Enoch Pratt Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79608

Name in Full #5691 Certificate of Death

Catherine Erdman

Died at Town: ~~Hd~~ Georgetown County: Belair Road Balto Co. MARYLAND

Date 1899 Month: Nov Day: 3 Age Y.: 88 M.: 7 D.: 4 Native of: Md Occupation: —

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of Adam G Erdman

Father's Name Nicholas Howser Mother's Name Catherine Howser

Cause of Death: Primary Fatty Heart from age 66 How long sick Several months

Immediate Accident, Suicide, Homicide

Reported by H F Hill M.D. OVER

Address 1001 Edmondson Ave Balto. City OVER

Must be signed by physician, if any in attendance, otherwi[illegible]y coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. D F Friel

of Balto City

Information contained in this certificate received from

of

Name in Full #5689 Certificate of Death

William Fagan

Died at Town Bay View County Hospital MARYLAND

Date 1899 Month 1[illegible] Day 1 | Age Y. 80 M. D. | Native of N. C. | Occupation Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ Divorced

~~Female~~ Colored Single ~~Widower~~ Number of ~~children living~~

Husband of Wife

Father's Name

Mother's Name 22 a

Cause of Death: Primary Pulmonary Phthisis | How long sick Indefinite

Immediate General Tuberculosis | Accident, Suicide, Homicide

Reported by Dr. Holland M. D

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Native of N. C.

Balto. 2 Mo.

Name in Full # 5743 — Certificate of Death

Edward D. Fitzgerald

Died at Town Mt Hope Retreat County Balto MARYLAND

Date 1899 Month 11 Day 17 | Age Y. 40 M. — D. — | Native of Balto | Occupation Lawyer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced Number of children living

Husband of Wife

Father's Name Mother's Name 80

Cause of Death { Primary Albuminuria - Gastric Hemorrhage (ulcer) How long sick

Immediate Ex from Hypostatic Congestion. Accident, Suicide, Homicide

Reported by Frank J. Flannery M.D.

Address Mt Hope Retreat - Maryland -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Belongs to Baltimore

Name in Full | Certificate of Death

#5710 Geo. Fletcher

Died at Town: Bay View County: Hospital MARYLAND

Date 189 9 Month 11 Day 6 | Age Y. 42 M. D. | Native of Ger. | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children~~ living

Husband of Wife

Father's Name | Mother's Name 22a

Cause of Death: Primary Phthisis Florida | How long sick 6 weeks

Immediate Asthaenia | Accident, Suicide, Homicide

Reported by J. W. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Native of Germany.
in Balto. 12 yrs.

Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

| Month | Day | Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|
| Date 189 | | Age | | | | |

~~Male~~ Female | White | ~~Colored~~ | ~~Married~~ | Single | Widow | Widower | Divorced | Number of children living

Husband of

Wife

Father's Name

Mother's Name

138

Cause of Death: Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #5756 Certificate of Death

Samuel Thomas Ginnamon

Dled at Town Dickeyville County Baltimore, MARYLAND

Date 1894 Month Nov. Day 23 | Age Y. 23 M. — D. 3 | Native of Maryland | Occupation Mechanic

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Samuel T. Ginnamon Mother's Name Martha Ann Burke

Cause of Death Primary Pulmonary Phthisis How long sick 11 months

Immediate Asphyxia 22a ~~Accident, Suicide, Homicide~~

Reported by J C Monmouth M D

Address Dickeyville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full: Dary Halloway

Certificate of Death

Died at: Town: Chase County: Balto MARYLAND

Date 1899 Month: Nov Day: 16 | Age Y.: 7 M.: 1 D.: 22 | Native of: Md | Occupation: Chaud

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife: —

Father's Name: Robt. Halloway

Mother's Name: ?

Cause of Death: Primary: Diphtheria 8a

Immediate:

How long sick: 2 wks

~~Accident, Suicide, Homicide~~

Reported by: John W. Harrison M D

Address: Middle River Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name In Full

Certificate of Death

Hank L. Helwig.

Died at Lansdowne (Town). P.O. Baltimore (County) MARYLAND

Date 189 9 — November. 9th | Age — Y. 6+4 M. D. | Native of Md. | Occupation Infant

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name Herman Helwig — | Mother's Name Rebecca Helwig.

Cause of Death — Primary: Marasmus 82 | How long sick 4 months

Immediate: Diarrhoea and Exhaustion | ~~Accident, Suicide,~~ Homicide

Reported by Hank A. Ruhl. Jr. D

Address Lansdowne Balt. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Name in Full Jno. Geo. Henderson

Certificate of Death

Died at Town Canton County Balto. MARYLAND

Date 1899 Month Nov. Day 24 Age Y. M. D. 12 days. Native of Balto Co Occupation ✓

Male ✓ White ✓ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ✓ ~~Widower~~ ~~Number of children living~~

Husband of Wife 1385

Father's Name John Henderson Mother's Name Theresa Henderson

Cause of Death Primary Premature birth 7 mos How long sick 12 days

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by A J Sauer Med

Address 3042 O'Donnell St

Philip Inglart Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full

Certificate of Death

Clara Rebecca Howard

Died at Town Hayfield Cockeysville County Balto MARYLAND

Date 1899 Month Nov Day 28 | Age Y. 13 M. 11 D. | Native of Md | Occupation School

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name George Wm Howard

Mother's Name Louisa A Johnson

Cause of Death: Primary Typhoid Fever | Immediate Hemorrhage

How long sick 3 weeks

~~Accident, Suicide, Homicide~~

Reported by Dr B. N. Benson

Address Cockeysville Balto Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Ed. Hunt

Died at Town: Butler County: Balt MARYLAND

Date 1899 Month: 11 Day: 27 Age Y.: 4 M. D. Native of Occupation

Male / Female White / Colored Married / Single Widow / Widower Divorced / Number of children living

Husband / Wife of

Father's Name: Ed. Hunt Mother's Name: Ida H

Cause of Death: Primary: Diphtheria Immediate: Croup 8a How long sick

Accident, Suicide, Homicide

Reported by: Dr. Jos H. Wilson

Address: Finblesburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 78706

This child died ~~[illegible]~~ within 24 hours after I saw him – I reject the case Gave directions to disinfect and immunised the other children

J H Wilson

Name In Full #5699 Certificate of Death

Daniel W. Cutsow

Town County

Died at Carroll Baltimore MARYLAND

| | Month | Day | | Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|---|---|
| Date 189 9 | Nov. | 4 | Age | 49 | | | Baltimore | Brush maker |

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name Mother's Name 22a

Cause of Death: Primary Pulmonary Tuberculosis

Immediate Exhaustion

How long sick Oct. 10th 99

Accident, Suicide, Homicide

Reported by Dr. H. C. Ohle.

Address Visiting physician to St. Agnes Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

X 5772 John James.

Town

Died at Bay View Asylum (Insane Dept.) County Baltimore Co — MARYLAND

| Date 1899 | Month | Day | Age Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|---|
| | Nov | 30th | 45 | | | Maryland | Laborer. |

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children~~ living

Husband ~~Wife~~ of Anna James 315 Dover St. Balto

Father's Name

Mother's Name

Cause of Death: Primary — General Paresis 45 — How long sick 2 mos. in Asylum

Immediate — Cerebral Hemorrhage — Accident, Suicide, Homicide

Reported by R. Allyn Lamb

Address Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Nahre of Maryland
in Balt^o. 25 Years

Name in Full

Certificate of Death

#5721 George Johnson

Died at Town Bay View County Hospital MARYLAND

Date 1899 Month 11 Day 12 | Age Y. 49 M. D. | Native of Md. | Occupation Drayman

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children~~ living

Husband of Wife

Father's Name

Mother's Name 97

Cause of Death: Primary ~~Cerebral~~ Nephritis | How long sick Indefinite

Immediate Cerebral Hemorrhage | Accident, Suicide, Homicide

Reported by J. W. Holland M.D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Native of Md
in Balto. 30 yr.

Name in Full

Certificate of Death

Alexander Jones

Died at Greenwood Town County Balto. MARYLAND

Date 189 9 | Month 11 | Day 28 | Age Y. 80 | M. | D. | Native of | Occupation

~~Male~~ Female | White | Colored | Married | Single | Widow | Widower | Divorced | Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 | Immediate

How long sick

Accident, Suicide, Homicide

Reported by Centon Journal 12-9

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78998

Name in Full Eliza Jones

Certificate of Death

Died at Town County Bates MARYLAND

Date 1897 Month 11 Day 21 | Age Y. 75 M. D. | Native of | Occupation

Male ~~White~~ Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary / Immediate Paralysis

How long sick

Accident, Suicide, Homicide

Reported by S. C. Bussen

Address Texas Mo

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Name in Full #5774 Certificate of Death

Vinie Jones

Died at Town Bay View County Hospital Balto. MARYLAND

Date 189 9 Month 11 Day 28 | Age Y. 60 M. D. | Native of Md | Occupation Domestic

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Mother's Name

Cause of Death: Primary Pleuro Pneumonia 7.1 | How long sick 4 days

Immediate Asthenia | Accident, Suicide, Homicide

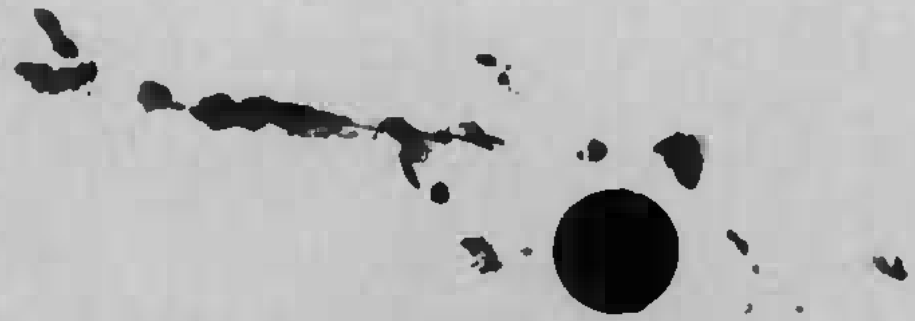
Reported by W. Holland M.D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

In Balto. 1 day.



Name in Full #5720

Certificate of Death

Annie Kavanaugh

Died at Town Bay View County Hospital MARYLAND

Date 189 9 Month 11 Day 9 | Age Y. 43 M. D. | Native of N.C. | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | Divorced Number ~~of children living~~

Husband of

Wife

Father's Name

Mother's Name 25d

Cause of Death { Primary Carcinoma of Uterus | How long sick Indefinite

Immediate Asthenia | Accident, Suicide, Homicide

Reported by J. N. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Native of N.C.
in Balto. 4 yrs.

Name in Full #5753 Certificate of Death

Henrietta Kirby

Died at Town Carroll County Baltimore MARYLAND

Date 189 9 Month Nov Day 23 | Age Y. 70 M. — D. — | Native of Pa. | Occupation Servant

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children~~ living

Husband of Wife —

Father's Name — Mother's Name —

Cause of Death { Primary Pneumonia 72 | How long sick hospital entered Nov. 22

Immediate Asthenia | ~~Accident, Suicide, Homicide~~

Reported by H. C. Ohle M.D.

Address Visiting Physician to St. Agnes Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full Katie Annie Klein

Certificate of Death

Died at Town Fullerton County Baltimore MARYLAND

Date 1899 Month Nov. Day 13, Age Y. – M. 8 D. 5 Native of Md. Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name Geo. A. Klein

Mother's Name Annie M. Brockmeyer

Cause of Death Primary 49

Immediate Convulsions.

How long sick Several hours.

Accident, ~~Suicide, Homicide~~

Reported by A. X. Whiteford Jr. L. I. Whiteford

Address Parkville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full #5715 Certificate of Death

~~H~~ John Kosinski

Died at Town Bay View County Hospital MARYLAND

Date 1899 Month 11 Day 10 | Age Y. 65 M. D. | Native of Poland | Occupation -

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number ~~of children~~ living

Husband of Wife

Father's Name

Mother's Name 97

Cause of Death { Primary Chronic Nephritis

Immediate Uraemia.

How long sick

Accident, Suicide, Homicide

Reported by J. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Native of Russia Poland

in Balto. 12 yr.

Name in Full: Amanda G Leight

Certificate of Death

Died at: Town: Wiseburg County: Baltimore MARYLAND

Date 189 9 Month 11 Day 3 | Age Y. 30 M. 7 D. 14 | Native of Md | Occupation Chamber-maid.

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband / Wife of

Father's Name: Josiah Leight

Mother's Name: Rachel Leight

Cause of Death: Primary: Pulmonary Phthisis — How long sick: Two years

Immediate: 22a — Accident, Suicide, Homicide

Reported by: A.R. Mitchell

Address: Hereford Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78998

Name in Full #57074 Joseph Lynn

Certificate of Death

Died at Town Mt Hope Retreat County Balto Md ~~MARYLAND~~

Date 1899 Month 11 Day 6th Age Y. 21 M. — D. — Native of Balto Md Occupation none

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Epilepsy 47

Immediate Ex

How long sick

Accident, Suicide, Homicide

Reported by Frank J. Flannery M.D.

Address Mt Hope Retreat

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Belongs to Baldwin

Name in Full

Certificate of Death

Mrs. Bridget McCullough

Died at Town Govanstown County Balto. MARYLAND

Date 189 Month 11 Day 23 | Age Y. M. D. | Native of Ireland | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widowed~~ Widow ~~Divorced~~ | Number of children living 2

Husband of Wife Mrs. McCullough

Father's Name

Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Md. Journal 11-25-

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Certificate of Death

Name in Full #5738 Mary McGee

Town Catonsville County Baltimore MARYLAND

Died at

| Month | Day | Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|
| Nov. | 19 | 40 | — | — | Md. | housework |

Date 189 9

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of —

Wife —

Father's Name John McGee

Mother's Name Catharine McGee

Cause of Death: Primary Cancer of Uterus 25d

Immediate Hemorrhage

How long sick Oct. 1st 99

~~Accident, Suicide, Homicide~~

Reported by H. L. Chlu M.D.

Address Visiting Physician to St. Agnes Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78898

Resident of Baltimore

Name in Full

Certificate of Death

Peter Manion

Died at Town Timonium County Balto. MARYLAND

Date 1899 Month Mo. Day | Age Y. 84 M. D. | Native of Ireland | Occupation Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living None

Husband of Wife Mary Manion

Father's Name

Mother's Name 152a

Cause of Death: Primary Traumatism; Immediate Peritonitis

How long sick Nine days

Accident, Suicide, Homicide

Reported by D. F. Bussey M. D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name In Full 5735 Marie Marks

Certificate of Death

Died at Town Arlington County Baltimore MARYLAND

Date 189 Month Nov Day 18th Age Y. 67 M. D.

Native of Ireland

Occupation Housewife

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living None

Husband of Wife James K. Marks Sr.

Father's Name I don't know

Mother's Name I don't know

Cause of Death — Primary Cancer of Stomach 42 How long sick 11 Mo.

Immediate Stomach Hemorrhage

Accident, Suicide, Homicide

Reported by Edward E. Jones M.D.

Address Arlington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79908

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full Robert Mason U.S.A. #5788

Certificate of Death

Died at Town North Point County Baltimore MARYLAND

Date 1899 Month Nov. Day 11th Age Y. 27 M. 6 D. — Native of Vermont Occupation Engineer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name T. G. Mason

Mother's Name

Cause of Death: Primary 148

Immediate Drowning

How long sick

Accident, ~~Suicide, Homicide~~

Reported by D. M. Roberts a.a.s.u.s.a.

Address North Point, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Name in Full #5693 Certificate of Death

Wm J. Maxwell

Died at Town Bay View County Hospital MARYLAND

Date 1899 Month 11 Day 1 | Age Y. 72 M. D. | Native of Va | Occupation Canvasser

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband of Wife

Father's Name Mother's Name 71

Cause of Death: Primary Gen. Fatty Degeneration — How long sick 14 days

Immediate Broncho Pneumonia — ~~Accident, Suicide, Homicide~~

Reported by J. W. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Born in Va 72
Balto. 20

Name in Full 3768 Henry Miller

Certificate of Death

Died at Town Bay View County Hospital. MARYLAND

Date 1899 Month 11 Day 22 | Age Y. 60 M. D. | Native of Germany | Occupation Cooper

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ Divorced | Number of children living

Husband of

Wife

Father's Name

Mother's Name 99

Cause of Death: Primary Chronic Nephritis

Immediate Bilat. Pneumonia

How long sick Indefinite

Accident, Suicide, Homicide

Reported by W. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

In. Balto. 40 yrs.

Name in Full #5714

Certificate of Death

Mary Morgan

Died at Bay View Asylum (Insane Dept.) Town / Baltimore County County MARYLAND

Date 1899 Month Nov Day 8th | Age Y. 45 M. — D. — | Native of Baltimore | Occupation domestic

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living ~~Husband~~ of Wife

Father's Name James H. Morgan 534 N. Duncan alley

Mother's Name

Cause of Death: Primary Pneumonia 72 | How long sick 2 wks

Immediate Asthenia | Accident, Suicide, Homicide

Reported by R. A. Wrightwork

Address Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #5692

Certificate of Death

James Rock Myers

Died at Town: Mt Hope Retreat County: Baltimore MARYLAND

Date 1899. Month: 11 Day: 2nd | Age Y. 34 M. – D. | Native of Maryland | Occupation Peddler

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name

Mother's Name 45

Cause of Death: Primary Paresis (abt 2 yrs.) | How long sick

Immediate Ex from Eclampsia abt 9 hrs | ~~Accident, Suicide, Homicide~~

Reported by Frank J. Flannery M.D.

Address Mt Hope Retreat.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 7999H

Belongs to Baltimore

Name in Full

Certificate of Death

Peter Nagel

Died at Town Canton County Balto. MARYLAND

Date 189 9 Month 11 Day 18

Age Y. 43 M. D.

Native of

Occupation

Male / Female

White / Colored

Married / Single

Widow / Widower

Divorced

Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Md. Journal 11-26-

Address

Must be signed by physician, if any in attendance, otherwisa by coronar, undertakar or ministar.

LIBRARY BUREAU. 79898

Rev. Wm Batz.

Name in Full

Certificate of Death

Fred. J. Neidhart,

Died at Town Lauraville County Baltimore MARYLAND

Date 189 9 Month Nov. Day 28 | Age Y. 52 M. — D. — | Native of Md. | Occupation Gardener &c

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 6

Husband ~~Wife~~ of Sophia Reuter 57

Father's Name Geo. J. Neidhart Mother's Name Mary H. Oftetter

Cause of Death: Primary Mitral Obstruction — How long sick Last illness 10 days

Immediate Failure Compensation — ~~Accident, Suicide, Homicide~~

Reported by A. X. Whitford M.D. Hr. L. I. Whitford M.D.

Address Parkville Balto. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Name In Full | Certificate of Death

George Conrad Noffenberger

Died at Town: Cockeysville County: Bald MARYLAND

Date 1899 Month: Nov Day: 14 | Age Y. M. D.: 45-6-1 | Native of: Md | Occupation: none

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children~~ living none

Husband ~~Wife~~ of Maggie Shanebrook

Father's Name: Conrad Noffenberger Mother's Name: Margaret Crombert

Cause of Death: Primary: Tuberculosis V.L.G. How long sick: 1 year

Immediate: General failure / Gastro Enteritis ~~Accident, Suicide, Homicide~~

Reported by: Dr B. R. Benson

Address: Cockeysville Bald. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

Mrs. Ella Ringgold Offutt

Died at Town Govanstown County Balto. MARYLAND

Date 1899 Month 11 Day 14 | Age 34 Y. M. D. | Native of | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife Lemuel D. Offutt

Father's Name

Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Argus 11-18

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Plummer Payne

Certificate of Death

Died at Texas (Town) Balto. (County) MARYLAND

Date 1899 Month Nov Day 30 | Age Y. 7 M. D. 1 | Native of | Occupation

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name Pete Payne

Mother's Name

Cause of Death: Primary Peritonitis 93 | How long sick 1 week

Immediate Collapse | Accident, Suicide, Homicide

Reported by Dr. Thos C. Bussey

Address Texas Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Walter Perdue

Certificate of Death

Died at Town near Monkton County Balto. MARYLAND

Date 189 9 Month 11 Day 27 | Age Y. 63 M. D. | Native of | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 4

Husband of ~~Wife~~ Miss Nelson

Father's Name John Perdue

Mother's Name 12a

Cause of Death { Primary acute indigestion | Immediate }

How long sick

Accident, Suicide, Homicide

Reported by Bel Air Times 12-2

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full

Certificate of Death

Thomas E. Pugh

Died at Town Golden Rings County Balto MARYLAND

Date 1899 Month Mr Day 3 | Age Y. 60 M. - D. | Native of Md | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower ~~Divorced~~ Number of children living 7

Husband of Wife Kate Pugh

Father's Name | Mother's Name 76

Cause of Death: Primary Spasmodic Asthma | How long sick 18 years

Immediate Heart disease | Accident, Suicide, Homicide

Reported by D. S. Villas & Bro

Address Rossville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #5773
Margaret Purdy

Certificate of Death

Died at Bay View Asylum (Insane Dept.) Town Baltimore County MARYLAND

Date 1899 Month Nov Day 30th | Age Y. 49 M. — D. — | Native of Baltimore | Occupation Domestic

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single ~~Widower~~ | Widow ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name 22c

Cause of Death: Primary Tuberculous Peritonitis
Immediate Exhaustion

How long sick Some months

Accident, Suicide, Homicide

Reported by R. A. Urquhart

Address Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full | Certificate of Death

Oliver Ritter

Died at Town: Hollins | County: Bolt | MARYLAND

Date 189 9 | Month: Nov. | Day: 7 | Age: Y. 69 M. D. | Netive of: Md | Occupation: Laborer

Male | White | Married | ~~Widow~~ | Divorced

~~Female~~ | ~~Colored~~ | Single | Widower | Number of children living 7

Husband / Wife of

Father's Name | Mother's Name 97

Cause of Death: Primary: Brights disease | How long sick: 6 month

Immediate: Exhaustion | Accident, Suicide, Homicide

Reported by Dr J. S. Bowen

Address Mt. Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

# #5741 Bettie Robinson

Certificate of Death

Died at Sherwood Town, Balto. County, MARYLAND

Date 1899 Month Nov. Day 19th | Age Y. 34 M. D. | Native of Chas. Co. Md | Occupation Housewife

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 1

Husband Wife of Wm Robinson

Father's Name

Mother's Name

Cause of Death: Primary Eclampsia 121 — How long sick 12 days.

Immediate Coma — ~~Accident, Suicide, Homicide~~

Reported by Dr. Thos. C. Bussey

Address Texas Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76RR

Attended by Dr. Thos. C. Bussey

of Texas Md

Seen by Coroner .....

of .....

Information contained in this certificate received

from Dr. Thos. C Bussey

of Texas Md.

Name in Full 5719

Certificate of Death

Joseph Ruhold

Died at Town Bay View County Hospital MARYLAND

Date 189 9 Month 11 Day 11 | Age Y. 64 M. D. | Native of Ger | Occupation Laborer

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name 97

Cause of Death: Primary Chronic Nephritis | How long sick Indefinite

Immediate Cerebral Apoplexy | Accident, Suicide, Homicide

Reported by J. W. Holland M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Native of Germany
in Balto. 42 yr.

Name in Full

# George N Sanderlin

Certificate of Death

Died at Town: Sheppard & Enoch Pratt Hosp. County: Balto Co — MARYLAND

Date 189 Month: 9 Nov Day: 6 | Age Y.: 56 M.: D.: | Native of: N.C. | Occupation: Clergyman. Govt Clerk

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | ~~Divorced~~ | Number of children living: 4

Husband ~~Wife~~ of Wm Eliza Jr 5 — Washington DC

Father's Name: Mary Sanderlin

Mother's Name: Martha Sanderson

Cause of Death — Primary: Diabetes 28 and Chronic

Immediate: Exhaustion of D— Melancholia

How long sick: 3 years +

~~Accident, Suicide, Homicide~~

Reported by: Edmund S Conrad

Address: Sheppard Enoch Pratt Hosp. Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Coroner

LIBRARY BUREAU, 79808

Resident of
Washington D.C.

Name in Full

Certificate of Death

Town

County

Died at MARYLAND

| Month | Day | Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|
| Date 189 | | Age | | | | |

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Neme

22a

Cause of Death: Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #5763

Certificate of Death

Sadie Schwartz

Died at Town: Bay View County: Hospital MARYLAND

Date 189 9 Month: 11 Day: 26 | Age Y. 25 M. D. | Native of Russia | Occupation Operator.

~~White~~ ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced | Number of children living ~~—~~

Husband of

Wife

Father's Name

Mother's Name 96

Cause of Death: Primary: acute Nephritis | How long sick 3 weeks

Immediate: Intestinal Obstruction | Accident, Suicide, Homicide

Reported by Dr. Hollweed M. D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

In Balto. 8 yrs.

Name in Full 5762 John William Seal

Certificate of Death

Died at ~~Town~~ Catonsville - County Balto. Co. MARYLAND

Date 1899 Month 11 Day 25 | Age Y. 41 M. - D. - | Native of Virginia | Occupation Carpenter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband ~~Wife~~ of Elizabeth Seal

Father's Name Henry Seal Mother's Name 45

Cause of Death Primary General Paresis. How long sick 2 months

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by Percy Wade M.D. Per Dr J. C. Coggin

Address Catonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

Mary Shea

Died at Town: Beaverdam Cockeysville County: Balto MARYLAND

Date 1899 Month: Nov Day: 4 | Age Y.: 10 M.: 8 D.: 10 | Native of: Md | Occupation: School (Pupil)

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

97

Father's Name: Jas Shea

Mother's Name: Bridget Shea

Cause of Death: Primary: Brights Disease

Immediate: General Anasarca - and effects upon heart

How long sick: 4 Months

~~Accident, Suicide, Homicide~~

Reported by: Dr B. R. Benson

Address: Cockeysville Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full #5728 Fannie B. Shindam

Certificate of Death

Died at Town Chase County Balto. MARYLAND

Date 189 9 Month Nov. Day 13 | Age Y. 49 M. D. | Native of Md. | Occupation none

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living None

~~Wife~~ Husband of Jno. A. Shindam

Father's Name | Mother's Name 93

Cause of Death: Primary Peritonitis | How long sick Two weeks

Immediate | ~~Accident, Suicide, Homicide~~

Reported by E. B. Britton M.D.

Address 1711 E Balto. St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. E. B. Britton

of Baltimore

Seen by Coroner

of

Information contained in this certificate received

from

of

Name in Full Louella V Simms

Certificate of Death

Died at Town Cayneville County Baltimore MARYLAND

Date 1899 Month Nov Day 22 | Age Y. 24 M. D. | Native of | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living One

~~Husband~~ of Wife James Simms

Father's Name Denis Carter

Mother's Name Laura J Carter

Cause of Death: Primary Placenta Praevia

Immediate Hemorrhage

123

How long sick Ten hours

~~Accident, Suicide, Homicide~~

Reported by Dr J. H Jarrett

Address Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Myrtle E. Smallwood

Certificate of Death

Died at Town Grays County Baltimore Co MARYLAND

Date 189 9 Month Nov Day 11 Age Y. 4 M. 3 D. 7 Native of Md Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Chas. B. Smallwood Mother's Name Laura A Smallwood

Cause of Death Primary Diptheria 8a. How long sick one week

Immediate asthenia Accident, Suicide, Homicide

Reported by Jno M B Rogers MD

Address Ellicott City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full #5688 Certificate of Death

Anne R Stallings

Died at ~~Elk Ridge~~ Town St Denis ~~Howard~~ County Bolto County MARYLAND

Date 189 9 Month nov Day 1st Y. M. D. Age 69. Native of Bolto Occupation Housewife

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widowed~~ ~~Divorced~~ Number of children living two

~~Husband~~ Wife of Jno W Stallings

Father's Name Mother's Name 57

Cause of Death Primary valvular disease of heart How long sick 4 yrs

Immediate heart disease Accident, Suicide, Homicide

Reported by Dr A Williams

Address Elk Ridge Howard Co Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Raymond Stephens

Certificate of Death

Died at ~~Town~~ #8 Girard Avenue, ~~County~~ Baltimore — MARYLAND

Date 1899 Month Nov. Day 5th Age Y. 3 M. 11 D. 23 Native of Maryland Occupation none

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Wm T. Stephens

Mother's Name Camelia Stephens

Cause of Death: Primary Diphtheria 8a

Immediate Asthenia

How long sick 7 days

~~Accident, Suicide, Homicide~~

Reported by Dr Geo. T. Shower

Address 421 Roland Ave. Balto Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70[illegible]

Attended by Dr. Geo. A. Shower

of 421 N. Howard Str. Balto Md

Seen by Coroner

of

Information contained in this certificate received

from above mentioned Dr and Father

of of deceased

Name in Full #5700 Tanner

Saml B. Tanner

Certificate of Death

Town County

Died at Roland Park Balto MARYLAND

| Month | Day | | Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|---|
| Nov | 5 | Age | 33 | 2 | 15 | U.S. | Clerk |

Date 1899

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children~~ living

Husband of —

Wife

Father's Name Benj Tanner

Mother's Name Mary E Tanner

Cause of Death: Primary Phthisis Pulmonalis 22a — How long sick about 2 yrs

Immediate Hemorrhage + Collapse — Accidant, Suicide, Homicide

Reported by Wm H Faudeman M.D.

Address 102 Chestnut Ave Balt - Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or ministar.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full ** 5705

Bertha E Taylor

Certificate of Death

Died at Town: Mt Hope Retreat County: Balto Co MARYLAND

Date 1897 Month: 11 Day: 7

Age Y. 26 M. — D. —

Native of D. C Washington

Occupation —

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

Widow Widower

~~Divorced~~

Number of children living

Husband of Wife

Father's Name: Walter Taylor

Mother's Name: Ellen Taylor

Cause of Death: Primary: Mania Chron 46 — How long sick: Nearly 9 yrs.

Immediate: Ex. Pul. Tuberculosis — Accident, Suicide, Homicide

Reported by Frank J. Flannery MD

Address Mt Hope Retreat

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76868

Belongs to Washington

Name in Full | Certificate of Death

Jeremiah Jerry Absolom Thuma

Died at Town Cackeysville County Balto MARYLAND

Date 1899 Month Nov Day 17 | Age Y. 51 M. 5 D. 10 | Native of Pa | Occupation Horness Maker

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ of Husband of Laura Elizabeth Cannon

Father's Name Absolom 22f | Mother's Name Caroline Hoover

Cause of Death: Primary Acute Tuberculosis (Pulmonary) | How long sick 6 months

Immediate Collapse - from fever & Toxaemia | ~~Accident, Suicide, Homicide~~

Reported by Dr B. R. Benson

Address Cackeysville Balto, Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full ✠ 5752

Certificate of Death

# Sarah Ann Walker

Died at Mt Hope Retreat — Town — County Balto — MARYLAND

Date 1899 — Month 11 — Day 22nd — Age Y. 82 M. – D. – — Native of Md. — Occupation None

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / Widower — Divorced — Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary: Mania Suicide – 46 — How long sick

Immediate: Ex-from Senility — ~~Accident~~, Suicide, Homicide

Reported by Frank J. Flannery M.D. –

Address Mt Hope Retreat Mt Hope Md –

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79893

Belongs to Baltimore.

Name in Full #5711. Cornelius Washington

Certificate of Death

Died at Bay View Asylum (Insane Dept.) Town Baltimore County MARYLAND

Date 1899 Month Nov. Day 6. | Age Y. 58 M. — D. — | Native of Baltimore | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband ~~Wife~~ of Emma Washington 521 Parish St.

Father's Name

Mother's Name 45

Cause of Death: Primary — General Paralysis of the Insane — How long sick Here 6 months

Immediate — 4 hours time — Accident, Suicide, Homicide

Reported by R. A. Urquhart

Address Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full #5716 Certificate of Death

Chas. Wesh

Died at Town Bay View County Hospital MARYLAND

Date 1899 Month 11 Day 10 | Age Y. 47 M. D. | Native of Balto | Occupation None

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary Hemiplegia 42 | How long sick

Immediate Pneumonia. | Accident, Suicide, Homicide

Reported by J. Holland M.D.

Address Bay View Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Cole, William

Certificate of Death

Died at Town Catonsville County Balto. MARYLAND

Date 189 9 Month Nov Day 5 | Age Y. 74 M. D. | Native of Md | Occupation Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living X

Husband of Wife X

Father's Name X

Mother's Name 46 X

Cause of Death: Primary Senile Dementia — How long sick 2 mos

Immediate Old Age — ~~Accident, Suicide, Homicide~~

Reported by J. Perry Wade

Address Md Hospital Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full # 5694 Josephine Wilson

Certificate of Death

Died at Town Bay View Asylum (Insane Dept) County Baltimore County MARYLAND

Date 189 Month Nov. Day 2nd | Age Y. 57 M. — D. | Native of New York. | Occupation Domestic

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name SB

Cause of Death: Primary Chronic Diarrhoea

Immediate Exhaustion

How long sick 2 wks

Accident, Suicide, Homicide

Reported by R Allyn Bond

Address Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Nation of New York
in Baltimore 34 Years